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PATENT APPLICATION			FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER			
TRANSMITTAL			Marcos GOMEZ			
	M		Express 1	Mail Label No		
Applica	tion Elements	<u> </u>	•	Address To: As Bo	sistant Commissioner for Patents ox Patent Application ashington, D.C. 20231	
1. / X / Fee transmittal Form				-	r Program (Appendix) mino Acid Sequence Submission ll necessary)	
Descriptive title of	the Invention		a./	/ Computer Readabl	le Copy	
Cross References to Related Application			b/ / Paper Copy (Identical to computer copy)			
Statement Regarding Fed. Sponsored R & D			c/ / Statement verifying identity of above copies			
Reference to Micro	fiche Appendix		AC	COMPANYING API	PLICATIONS PARTS	
Background of the Invention			8./ X / Assignment Papers (cover sheet & document(s)			
Brief Summary of 1	the Invention		9/	37 CFR 3.73(b)State	ement / /Power of Attorney	
Brief Description o	f the Drawings (if filed)	10./	/English Translation	Document (if applicable)	
Detailed Description	on		11./	/Information Disclosi	ure //Copies of IDS Citations	
Claim(s)			12./	/Preliminary Amend	lment	
Abstract of the Dise	closure		13./	x/Return Receipt Post	card (MPEP 503)	
3./ / Drawing(s)(3 4./ X /Oath or Decl	s 5 USC 113)(Figs.)	Total Sheets / / Total Pages/3 /		Should be specificall /Small Entity / Statements / Certified Copy of Pri (if foreign prior	ly itemized) /Statement filed in prior application Status still proper and desired iority Document(s)	
a /X/	Newly executed (origin	al or copy)	16 /	/ Other	·	
5. / / Incorporation The entocopy of is consi	i./ / DELETIO Signed invento see 37 on by reference (useable tire disclosure of the pri f the oath or declaration idered as being part of t	ation (37 CFR 1.63(d) isional with Box 17 completed) ox 5 below N OF INVENTOR(S) statement attached deleting r(s) named in the prior application CFR 1.63(d)(2) and 1.33(b). if Box 4b is checked) or application, from which a is supplied under Box 4b he disclosure of the accompanying porated by reference therein.	1			
	g Application, check ap ntinuation / /Divi	propriate box and supply the requisional / / Continuation-in part	isite infor (CIP)	mation: of prior application N	o	
CORRESPONDE	NCE ADDRESS					
/ / Customer N	lumber or Bar code Lal	pel		or	/ / Correspondence address below	
		Insert Customer No. or Attac	h bar code	label here		
	erbert B. Keil EIL & WEINKAUF					
Address: 110	01 Connecticut Ave., N	.w.				
City Was	shington	State: D.C.		Zip Code 2003	36	
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The filing fee has been calculated as shown below:

For:	Number Filed	Number Extra	SMALL/LARGE ENTITY	
Basic Fee Total Claims	: <u>15</u> -20	= x	\$09./\$18. =	\$ <u>740.00</u>
Indep. Claim	s: <u>2</u> -3	= x	\$42./\$84. =	
[] Multiple	Dependent C	laim(s) pres	ented:\$140./280	=
[x] A check	is enclosed	for the fili	ng fee.	\$740.00
*If the diff	erence is le	ss than zero	. enter "0".	

- A check for \$ 780. for the filing fee and recordation fee. [X]
- The Commissioner is hereby authorized to charge any other [X] fee required, including the issue fee, in connection with the filing and prosecution of this application, and to the extent necessary, applicant(s) hereby petition for extension(s) of time under 37 CFR 1.136, to be charged to our Deposit Account 11-0345.

Respectfully submitted,

KEIL & WEINKAUF

Herbert B. Keil Reg. No. 18,967

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